## UNITED STATES DISTRICT COURT

UNITED STATE	S DISTRICT COURT for the					
Southern Di	istrict of Florida					
ADISLEN PAZ DEL SOL  Plaintiff(s)  V.  HOMESTEAD HOSPITAL, INC., BAPTIST HEALTH SOUTH FLORIDA, INC., PARAGON CONTRACTING SERVICES, LLC, d/b/a TEAMHEALTH FLORIDA, and HEALTHCARE REVENUE RECOVERY GROUP, LLC, d/b/a HRRG, ARS ACCOUNT RESOLUTION SERVICES,	) ) ) ) Civil Action No.					
Defendant(s)  SUMMONS IN A CIVIL ACTION						
To: (Defendant's name and address)						
HOMESTEAD HOSPITAL, INC. c/o CORPORATION SERVICE COMPANY, as Registered Agent 1201 HAYS STREET TALLAHASSEE, FL 32301						
A lawsuit has been filed against you.						
Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:  Monica Amor, Esq., Amor Law Firm, P.A. 3625 NW 82nd Avenue, Suite 203 Doral, Florida 33166 Tel: (305) 882-2667; Fax: (888) 311-2667 Email: mamor@amorlaw.com						
If you fail to respond, judgment by default will b You also must file your answer or motion with the court.	e entered against you for the relief demanded in the complaint.					
	CLERK OF COURT					
Date:	Signature of Clerk or Deputy Clerk					

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## PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

was rec	This summons for (n ceived by me on (date)	ame of individual and title, if an				
	☐ I personally serve	ed the summons on the ind	<u> </u>			
			on (date)	; or		
	☐ I left the summons at the individual's residence or usual place of abode with (name)					
	, a person of suitable age and discretion who resides there,					
	on (date), and mailed a copy to the individual's last known address; or					
	$\square$ I served the summons on (name of individual) , who					
	designated by law to accept service of process on behalf of (name of organization)					
			on (date)	; or		
	☐ I returned the sun	nmons unexecuted because			; or	
	☐ Other (specify):					
	My fees are \$	for travel and \$	for services, for a total	of \$	0.00	
	I declare under penalty of perjury that this information is true.					
Date:						
			Server's signature			
		_	Printed name and title			
		_	Server's address			

Additional information regarding attempted service, etc: